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moder the Pa	DEIWOIK REDUCTION ACT OF 1995	Application Number	09/857			
TRANSMITTAL		Filing Date		mber 4, 2001		
FORM		First Named Inventor		Särelä et al.		
		Art Unit	3731			
(to be used for	all correspondence after initial	Examiner Name filing)	Michae	el G. Mend	loza	
		17 Attorney Docket Number	r 3003-0	-00034		
		ENCLOSURES (Check	ail that apply))		
Amendm A A Extension Express A Information Certified Documer Reply to Incomple	ee Attached ent/Reply fter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority nt(s) Missing Parts/ te Application leply to Missing Parts nder 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Remarks	e Address	After Allowance Communication Appeal Communication to Boar of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Ider below): Return Receipt Postcard		
	SIGNA	TURE OF APPLICANT, ATT	ORNEY, O	R AGENT		
Firm Name	Andrus, Sceales	Starke & Sawall, LLP				
Signature	Vetu 7 A	tet-				
Printed name	Printed name Peter T. Holsen					
Date	January 20, 2005 Reg. No. 54,180					
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the date shown b Signature		ia T. Prange				
				January 20, 2005		

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Effective on 12/08/2004.	Complete if Known			
Effective on 12/08/2004. Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	09/857,682		
FEE TRANSMITTAL	Filing Date	September 4, 2001		

For FY 2005 First Named Inventor Antti Särelä et al. Michael G. Mendoza **Examiner Name**

Applicant claims small entity status. See 37 CFR 1.27 3731 Art Unit TOTAL AMOUNT OF PAYMENT (\$) \$270 00 3003-00034

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METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAF	FILING		SEARCH	FEES mall Entity Fee (\$)	<u>Fee (\$)</u>	TION FEES mall Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE Fee Description Each claim over 20 or, for Each independent claim Multiple dependent claim Total Claims 23 - 20 = HP = highest number of total Indep. Claims 3 - 3 = HP = highest number of indep	or Reissues over 3 or, f ns Extra Claim 3 claims paid fo Extra Claim 0	or Reissues, or \$50.00	Fee Pair = \$150 0 Fee Pair = \$0	ent claim m <u>1 (\$)</u> 0.00	nore than in t	oatent he original pa <u>ependent Clain</u> <u>Fee Pa</u>	360 180 <u>ns</u>
3. APPLICATION SIZE If the specification and for each additional Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specifi Other: One-mont	drawings 50 sheets of Extra She	or fraction the ets Nu / 50 = 130 fee (no si	reof. See 35 haber of each a	U.S.C. 41(a dditional 50 ound up to a	1)(1)(G) and 3	37 CFR 1.16(s ereof <u>Fee (</u>	s).

SUBMITTED BY			
Signature	Petro Poter	Registration No. (Attorney/Agent) 54,180	Telephone 414-271-7590
Name (Print/Type)	Peter T. Holsen		Date January 20, 2005

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